HIT Standards Committee
Implementation Workgroup
Transcript
January 9, 2013

Presentation

MacKenzie Robertson – Office of the National Coordinator
Thank you. Good morning everybody. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Standards Committee's Implementation Workgroup. This is a public call and there is time for public comment built into the agenda and the call is also being recorded so please make sure you identify yourself before speaking. I'll now take the roll call. Liz Johnson?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I'm here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Liz. Cris Ross?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Cris. Anne Castro? John Derr?

John F. Derr, RPh – Golden Living, LLC
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, John. Timothy Gutshall? Joe Heyman?

Joe Heyman, MD – Whittier IPA
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Joe. David Kates? Tim Morris? Stephen Palmer? Sudha Puvvadi? Wes Rishel? Ken Tarkoff? John Travis?

John Travis – Cerner Corporation
Here.

MacKenzie Robertson – Office of the National Coordinator
Thanks, John. Micky Tripathi? Gary Wietecha? Rob Anthony? Kevin Brady? Tim Cromwell? Nancy Orvis? And are there any ONC staff members on the line?

Scott Purnell-Saunders – Office of the National Coordinator
Scott Purnell-Saunders.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Scott.

Chris Brancato – Deloitte
Chris Brancato, Deloitte, supporting ONC.

MacKenzie Robertson – Office of the National Coordinator
Thanks, Chris. Okay, Cris and Liz, I'll turn it back to you.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, I'll start, Cris is going to take it for me. We started last time on Monday, we have a set of requirements that are suggested for Meaningful Use Stage 3 and some questions that have been asked by the Policy Committee assignments made to the Implementation Workgroup and we got through about 3 of those. So, Cris and I will be endeavoring to get through the remainder of those today so we can compile comments, have them ready for final review on Friday as Cris and I will need to present them next Wednesday and with that Cris I'll turn it to you and we did get some feedback from Scott yesterday and we were working on 106 but I'm not sure if we completed it or not.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, Liz is incredibly healthy but her voice is not, so I guess I would open up if anyone has any comments remaining on 106 related to maintain active medication list? And I understand that everyone…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
The only question I would have, Cris, is did we answer the question, which was how to incorporate certification criteria for pilot testing?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
It does not look like that was addresses specifically in the comments that we got from Scott yesterday.

Scott Purnell-Saunders – Office of the National Coordinator
No, I think we left off where that was kind of…there was a consensus that it seemed like a good idea but not that there had been a mechanism in order to accomplish it.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, what's this issue about incorporating it into certification test criteria? It seems straightforward enough that you would look for the presence of an active medication list; maybe, John Travis might want to comment. What are the issues involved in certification criteria for pilot testing here?

John Travis – Cerner Corporation
Well, I think, you know, and it's maybe not specific to this issue, it's probably a broader question of vendor readiness to engage at that level, because…and I don't think this would be a good example of a criteria that would pose the issue for pilot testing, but it is more, you know, a vendor willingness to divert resources to go engage in pilot testing in the middle while they're trying to deal with gap development and their own readiness to get going through certification. I can speak for us, that it would be very challenging, because it's probably not – I don't know if ONC would design a program or a certifying body would design a program that you can participate in a pilot on one criteria.

So, it's challenging if it's comprehensive to find takers who are not, strictly speaking, going for modular certification on a fairly narrow scope and are already in a good position relative to those criterion as to, you know, being ready out of the box or by the time of a pilot testing phase. So, unless it's more of a simulation or a mock sort of exercise where you're looking at more of a technical review of the criteria than you necessarily are of an actual, you know, what would otherwise be a testing scenario. It really depends on the timing of it and the scope of it relative to the other activities vendors are going through getting themselves ready to go through certification.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Hey, Cris, you know, John, I hear the issue around the challenges with volunteering to pilot test as if we don't have enough on our plates, I think what they were asking is if we were willing.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic
Right.

John Travis – Cerner Corporation
Yeah, okay, so if you could get by all of what I just said.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

John Travis – Cerner Corporation
Yeah, I don't think there's a barrier, I think it's something we would want and certainly I don't think there's an issue to the notion of it, if you will, if that makes sense. So, if everything works out all things being equal I think it's something that is wise to do on anything new.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I guess the question is if you look at the certification criteria issues, you know, in the third column where it lists use of problems and lab test results to support clinicians maintenance of up-to-date accurate medication lists does that imply that for purposes of that certification that pilot testing, the certification criteria would have to include both the problem and/or lab test results as well as the medication list so that you could accurately test.

John Travis – Cerner Corporation
It would, I don't think you could parse them apart.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

John Travis – Cerner Corporation
And maybe it's more appropriate that you would test it under…I mean, some comments we're making on some of these things is do they really belong in a clinical decision support criterion, you know, in which case combinations are probably better tested than in isolation on a problem list or a medication list, or…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah and I think…

John Travis – Cerner Corporation
…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, Cris and John, and all, I think we were talking about what we were worried about was the concept, and I had asked David Kates, because he – you know, because Cris, you weren't with us that day, to talk to us about this filled or dispensed concept, because doctors today, and that's why I asked Joe Heyman his kind of, you know, reaction to it, is that if a doctor is now going to be responsible for monitoring, filling and dispensing it's not that they wouldn't want to know that, but even filling or dispensing doesn't tell us that the patient took the drug.

John Travis – Cerner Corporation
Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, I think…

John Travis – Cerner Corporation
So, what is your objective is it to monitor compliance or is it to know something's expired, or is it…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right. So, I think we could write about how we can incorporate – I mean, it's not that we couldn't come up with a pilot test for it, we probably want to also comment back about, you know, would we, where would this filling and dispensing data come from?

Joe Heyman, MD – Whittier IPA
And this is Joe, I just want to say, my additional concern is about the workflow. I'm worry that we've already only gone through three of these and each one of them has got some sort of decision support that's going to interrupt what the physician is actually doing at the time they're doing it and while I understand the importance of decision support, I think it's great, it could be overdone. I mean, if every step you take involves something popping up and reminding you of something it becomes very, very frustrating. So, I just have to stick that in there.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, I'm wondering if our feedback – so, you know, we're not going to resolve all these issues and Joe's comment and John's makes sense. I wonder if this is a case where for instance our clinical scenarios help here.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I think the purpose of scenarios was to try to create scenarios that included multiple clinical elements so that you got a reasonable and effective test. I'm not sure we can resolve the issue about how do you key up that data in a usable kind of way and the issue about how it presents in the EHR feels like an implementation issue for the vendor. I'm trying to figure out so we can keep moving what's the right way for us to comment on the how to incorporate.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I'm asking if there's any support for the idea of pointing towards clinical scenarios for this issue. I'm hearing vast support.

John Travis – Cerner Corporation
I think it's worth it to comment.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I think it's a good idea, you know, I think you're right, Cris, we need to point out that we have some, that there is going to need to be further, because we want to be positive and innovative in our response not, you know, negative, so we need to point out that, you know, the concept of using filled or dispensed medications to keep an active medication list is a concept that hasn't been explored adequately, but that we do believe with clinical test scenarios it could be tested in a pilot scenario, how about that?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, that makes a lot of sense, I guess, I'll take one shot. Does it make sense to make a reference to scenarios here?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I think it does.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Scott, do you have enough out of this to capture our comments or should we refine this, clarify this?

Scott Purnell-Saunders – Office of the National Coordinator
I think we're okay. I will be going back taking a listen back through it, but I think what we're, you know, capturing is just going to tie this into some of our scenario development and this does lead into what we'll be discussing next week. So, I like the conversation thus far.

Joe Heyman, MD – Whittier IPA
This is Joe, I don't want to beat a dead horse, but I just want to say, it seems to me that where somebody is prescribing a lot of decision support mechanisms it would be good if they were actually tested in the real world before they actually became certification criteria so that somebody would know actually how it works. It worries me that we're dictating what has to be in an EMR without anyone as ever having experienced having it in an EMR.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, that is a perfectly good point and it's a good transition to item 113, which is clinical decision support. I think that's the place, Joe, to make that comment, currently.

Joe Heyman, MD – Whittier IPA
Okay.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, under 113 we've got two measures to be discussed and then there's two questions for us, one is the ability for EHRs to consume CDS interventions from central repositories and so on and the second is experience from payers that may contribute to CDS. So, why don't we look at the issue as a whole, incorporate Joe's comments and then think about this first issue about consuming CDS interventions from

central repositories and of course any other comments people want to make about CDS. So, the question here is about EHRs querying databases to look for trigger events.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, the concept, Cris, the way we're reading it is that my EP system or my EH system would be able to go out and query a what? An HIE? What central repository is it that we're thinking or what would you think?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right, it's a great question. I would assume that that would mean commercial products as well as potentially community resources. I mean, I think we should be thinking about both of those scenarios or it could be in a, you know, ACO type environment, it could be information about a patient or practice retained, you know, within the practice itself.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So what – it looks like they were asking for in the – let's see here, the question was can we consume the CDS interventions from a central repository and identify trigger events that are potentially relevant to the patient's health condition diagnosis, location and other basic facts. And what we're trying to do is do a better job of population health at the end of the day focused on high priority health conditions.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, again, 15 CDS interventions.

Joe Heyman, MD – Whittier IPA
Also, could I just ask what the abbreviation SIG means, I'm sorry?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Where is it?

Joe Heyman, MD – Whittier IPA
Use of structured SIG standards.

John Travis – Cerner Corporation
Oh, those are the like on a…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
The script.

John Travis – Cerner Corporation
Yeah, like that are saying take two times daily.

Joe Heyman, MD – Whittier IPA
Oh, okay, okay, yes, SIG, I got it.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I can't remember what SIG stands for, there is a trivia question.

John Travis – Cerner Corporation
Special Interest Group – no I'm just kidding.

Joe Heyman, MD – Whittier IPA
It's some Latin thing that you can use in a crossword puzzle someday.

John Travis – Cerner Corporation
Yeah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, the criteria are listed in that section up above and the 15 should include one or more interventions in each of the following areas, right preventative care, chronic disease management, etcetera.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, I think what they're asking – are they not asking does the EHR have the ability today to do this? Is that the question? Not formed as a question, but in the question column it says the ability of the EHRs to consume clinical decision support interventions from central repositories and it gives a bunch of examples. John, does Cerner do that? We don't do it.

John Travis – Cerner Corporation
Not from an external source, I mean there's potential to define rules templates taking into account a variety of things that, you know, we do have some content developed around, I couldn't assure it, you know, exactly matches this list. The challenge as we've looked at it and I was about to open our draft comment letter, because I've been talking to Dave, you know, you know David McCallie.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

John Travis – Cerner Corporation
David's got a lot of perspective on this question and he's given me some material to include in our comment letter, I was just going to pull it up and see if there is something, some profundity to call out, but his concern has been kind of what Joe mentioned that, you know, the notion of computable rules on provider workflow has the effect of introducing more popup alerts, you know, if there can be a means to make it computable without causing annoyance to provider workflow or that vendor customization of the logic to fit into their workflow that allows for kind of, you know, it's a very vague term but appropriate behaviors for workflow that are site specific, workflow specific, you know, those…he's kind of like if you can do all these things or take them into account such that you don't disrupt the workflow to an untenable degree he didn't go into a lot in terms of looking at the particular use requirements as, you know, would it be problematic to create CDS interventions that would consider multiple factors, categories.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well here…

Joe Heyman, MD – Whittier IPA
This is Joe; could I just say one thing more? You know, when you're looking at population health instead of individual people who are in your office when you're trying to see a slew of people you can do things when you're not with patients to handle population health and it seems to me that some of this stuff could have been done with external software that doesn't have anything to do with an EMR except for its ability to remove data from an EMR. But, to actually request the EMR to be able to accomplish all these things while you're trying to see patients just seems to me to be too much of a list. So, I know I keep beating the same dead horse, but…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
No, that's a good horse to keep beating.

Joe Heyman, MD – Whittier IPA
But, I have to say that trying to do population health while you're seeing individual patients is not such an easy idea and you could pull a group of patients later in the day by just using some sort of external software that would find what you need and then you could address that population of patients.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, Cris, if we built on that concept and we said…our comment back would be that we were in support of population health as a, you know, future, something we need to focus on, I don't have the right words right this second, but that we need external databases that have that kind of information that we would just simply query and that one of the things that might be taken into consideration, you know, if the government or the payers are able to have those repositories available to us at a reasonable cost and there is not more cost for the providers and we're simply doing a query that that might be, that might be a reasonable way to do this. But, if we're expected to, you know, because that action to happen it's not going to happen.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, so I'm trying to parse this back to the – I think that's a great point, Liz, back to what the objective and measure stuff is to come up with a practical example. So, if you go to the third column where it says objective and measures and it talks about the EPs specialty one of those examples, for example is preventative care including immunizations.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Now you could imagine that's CDS and then you go to the column that says ability for EHRs to consume CDS intervention and one of these examples is, you know, case reporting criteria based on patient's health condition. Well, you could imagine that a CDS rule that says query and immunization database to find out if this patient's immunizations are up to date.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And report to the clinician that a TDAP is called for, now I'm just making it up. Joe, I wonder what your thought is about something like that as opposed to the, you know, population health reporting kinds of items that you just raised. I think your point was great, but what's your thoughts about the immunization example.

Joe Heyman, MD – Whittier IPA
Well, that's an interesting example, because in my EMR I can choose to be reminded about things and one of the things that I choose to be reminded about is whether or not my patients who are under 27 have received Gardasil, which is the HVP vaccine.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
There you go, right, yeah.

Joe Heyman, MD – Whittier IPA
But the reminder is just at the very bottom of the screen it's not a popup, it doesn't interrupt anything, it's at the bottom of the screen and it just shows whether they've had one, two or three Gardasil injections, it doesn't interrupt my workflow and I'm making the choice to see that reminder. I can also ask it to remind me about mammograms for example, if a person hasn't had a mammogram in a year or two years, but that's different I think from what's being pushed here which is that somehow there be a mandatory way in which you're interrupted in your workflow.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well, I get your point and I think your caution is a good one. I'm not sure that this recommendation is being specific about …

Joe Heyman, MD – Whittier IPA
How it happens?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, about is this really a pop and stop versus an optional, you know, notification. I think this is getting to, you know, the requirement to integrate CDS in some fashion with a focus on high priority health conditions.

Joe Heyman, MD – Whittier IPA
I guess the only other thing I would add is that don't forget we have to count numerators and denominators of something and I'm wondering what the numerator and denominators are going to be.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Totally fair point, Joe.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, we probably want to bring that up. I think, again, the question is, I mean, we've touched on the standard itself, the criterion, but what they focused in on was not our ability to track or to flag preference sensitive's, or to check maximum doses it was really about the ability of EHRs, because they put it in the certification criteria, I'm not sure why, because it really doesn't directly relate to the measure itself, but they put it in certification criteria, the ability of EHRs to consume CDS interventions from central repositories.

Joe Heyman, MD – Whittier IPA
Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And I would suggest to the group that we answer that very directly if we're concerned.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

John Travis – Cerner Corporation
I think from our stand-point, Liz, we are concerned about the reality of that being available and proven, and, you know, that it would also include the standards development that would go with it or the reference even if that's just reference data standards as to rule templates and code sets, you know, or order sets that support or reflect a combination of services that are recommended guidance in practice.

I mean, it gets you into the same milieu of what's proven and what's accepted best practice then expressed as computable CDS rules and maybe there's some obvious things that are going to be mature in that timeframe that EHRs could go get or is it simply that EHRs need to import what amounts to reference data not real time interaction.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well and that's what I wonder, it's kind of like when Joe's talking about his patients we're talking about ours and we've reported something to CDC and now it looks like, you know, there's a potential there of being an expectation that somehow Joe's software queries CDC to see if his patient has the disease that's been reported. I mean, conceptually when we get everything integrated and tied together it's a terrific idea, but I would say that we should be honest today and that's why I want us to make sure that we're not understating our capability, that although we support the concept for long-term population health management that today EHRs do not have this capacity and we don't expect them to have it in 18 months.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, that makes total sense. So, in the interest of sort of time I've got a proposal for some feedback here and see if I can get some support for this and we move on. It feels like item number one is we want to make the point generally that CDS needs to be congruent with actual workflow requirements of a clinician and the speed and volume requirements which they face and so CDS needs to be appropriate, it needs to be potentially tunable and the other items that support the realities of practicing medicine.

I think the second comment was where there are issues where these high priority health conditions can be managed in an asynchronous fashion for example, reporting type items or follow-up type items we should emphasize that and it sounds like the third is if there are the development of central repositories, e.g., immunization registries that the EHR vendor, you know, ought to be, I don't know what the right word is required or able to access those resources, but I'm not sure – I think we're saying here that making it into a firm requirement might be a bridge too far.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I would say at very maximum we would agree to having it as a menu for pilot purposes, but remember guys the minute we say menu then two years later it becomes core.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Agreed, so it sounds like it is, that, you know, that the technology used to access local CDS resources like a local drug-drug or drug-allergy database that's incorporated in the EHR, the use of external sources ought to use the same kinds of technologies and processes but that it not be a required element or a menu element.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Correct.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Is that a decent summary of our conversation? Does anyone want to amend it, throw it out, add to it?

Joe Heyman, MD – Whittier IPA
I guess my, this is Joe, I think it is, but I'm thinking that on the last point, this point about the external databases it might be better to be more direct and just say that we don't think that this is a reasonable requirement for the next 2 years instead of trying to be polite.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I agree, Joe, and Scott you can write it up for us and then we can politically or, you know, we want to be positive and innovative in our responses without being so soft that they don't know whether we're on board or not.

John Travis – Cerner Corporation
Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Fair point. So, the other issue is just this issue about payers experience with CDS, we don't have Anne here or anyone else from payers, so I'm not sure if we – is there anyone who wants to be brave enough to comment on the payer issue.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well, I was going to make a suggestion, Scott, that Anne is out today, but she is very responsive and if we will send her the specific question she will give us an answer. Is that okay with everybody? Is that okay with you, Cris?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Absolutely, sounds like a great idea. Since we have a chance to report that at the Standards Committee next week.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I'm assuming that fits from a process stand-point FACA process that we're allowed to reach out for that private comment? I think that's a question for MacKenzie.

MacKenzie Robertson – Office of the National Coordinator
I'm sorry, could you just say that one more time?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, are you okay with the idea of us just reaching out to Anne and having her give a private comment and incorporating it in our comments that we take to the committee next week?

MacKenzie Robertson – Office of the National Coordinator
Yeah, that's fine, yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Okay. All right, should we move onto number 118 or is anyone desiring to have further conversation about 113?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, considering the number we've got to do I think we'd better move on.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
One eighteen, we're talking about imaging results consisting of the image itself and an explanation of other materials. And the question to us is what barriers could be encountered in moving this to core?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I think cost is a barrier. Joe, are you incorporating all of your imaging into your stuff?

Joe Heyman, MD – Whittier IPA
I just incorporate the report.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Joe Heyman, MD – Whittier IPA
And frankly, most of the time I'm not interested in looking at an image.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Joe Heyman, MD – Whittier IPA
And when I want to see an image I go to the radiology department and look at it or I can pull it up on a PAC system from the hospital and I don't really think this is something vital to every physician. I think it might be vital to an orthopedic surgeon, but I think for most physicians, especially primary care physicians they neither have the interest nor the ability to make the fence that's more than what the report is itself.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I think, Cris, what we're finding, radiology is…I mean, part of the problem is the definition of imaging and there is a definition, and I don't want to get into that right now, but there is a definition, but when you start to leak over into cardiology, which is what is suggested with ECGs, then we're finding even more cost and less ability.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
There's a question about what is an image, there is also a question here of what is an eligible EHR.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, so, I think...

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Are those barriers and we just identify them as that, the cost is a barrier. The definitions of both eligible EHR and imaging itself are barriers and the relevance of the image in every practice is a barrier, I don't know if it's a barrier or it needs to be considered.

Joe Heyman, MD – Whittier IPA
The relevance.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

Joe Heyman, MD – Whittier IPA
The relevance of the actual image.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, not the report.

Joe Heyman, MD – Whittier IPA
Not the report, the report is very important.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Joe Heyman, MD – Whittier IPA
But the actual image.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And maybe we say that so it's positive that all, you know, all – as clinicians we, you know, think the report itself is critical to the care of the patient, but the image is not always relevant. John, were you going to say something?

John Travis – Cerner Corporation
Yeah, Liz, I can give concreteness to the barrier as to cost and maybe this even has a distinct barrier and that is to the problem of putting the pieces together. So, you know, I'll give you our example, we are going to certify with our image archive solution that is the basis of the integrated approach that we may make image results available through the EHR, through that sort of means and then certainly the certification criteria allows for the fact you could have a URL-based approach…single sign on whether that's…or some other means that you're not causing the user to reselect a patient when they open the image archive viewer if they're dealing with that kind of a scenario.

The problem with that is unless the vendor of the EHR, that's the user front end and the vendor of the PAC solution or the image archive have a business relationship the EHR vendor is not going to have any access to the technology really unless they do some other collaboration to go certify. So, let's say Cerner and…don't have a business relationship and I'm only offering that as a hypothetical and can't comment on anything with knowledge there, but, you know, we have shared clients quite obviously, what do those clients do, are they going to depend on…to go certify themselves and we all also certify so the two put together make for a certified solution in theory, but that combination has never been tested. I think that's a barrier. That's a barrier we have right now and I can tell you we will run into it.

So, you know, a further barrier by moving it to core if you're working with…and then some of those PAC solutions may not have the ability to certify to the whole criteria because they don't have access to the interpretation, you know, they only have access to the image and the image result as it says there is the image itself and any explanation or other accompanying information, the report. You know, we've told the interpretative guidance that it's both and you need to certify, you to enable access to both. So, that's a problem.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, in simple words, John, are you saying that the combination of vendors included in the process and the certification process of the interoperability between the two will create a new certification challenge?

John Travis – Cerner Corporation
I think it will, because at a minimum it's going to put you in a situation which is the classic one we've seen so far that the implementer has to put them together and they have to work for the implementer and they may well, but it's not a combination that may have ever actually been tested in certification unless the vendors had a relationship that caused them to do joint development or collaboration around certification.

Joe Heyman, MD – Whittier IPA
Which I think you should put that as a separate barrier.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Joe Heyman, MD – Whittier IPA
You know, what Liz said plus a separate barrier of the fact that people don't have those relationships, the financial relationships.

John Travis – Cerner Corporation
Yeah and I'm not sure, I've never been sure if there is…even an unspoken, but still kind of implied intent by ONC as the policy that compels vendor collaboration to that end. This isn't the only place that it shows up either.

Joe Heyman, MD – Whittier IPA
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, that's a good point. Cris, were you going to say something?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well, yes, so, I think these issues we're raising are fine. I think that the way that this is teed up for us is a presumption that these imaging results will be a core objective.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And, we're supposed to address what the barriers are. What I'm hearing is a stronger case starting with Joe's comment that I'm not particularly interested in having the image itself I only want the report. So, it feels like we have a stronger feedback here which is we don't even think that this should be part of core, is that correct?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
That's correct, that's what I heard as well.

Joe Heyman, MD – Whittier IPA
Yeah, well how are you going to make that sound positive?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I think we can be polite, follow the Heyman rule.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, we can say that there can be necessity of the image in the practice of many practitioners as well as the readiness of the industry to support that is to remain as a menu item.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I think we should say it and then supplement that with some of the practical issues that were just raised.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Joe Heyman, MD – Whittier IPA
Okay.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
This flows pretty well into 204, Cris.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Let's do it. Number 204 is view on-line, download and transmit health information.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Within 4 days.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Within four days and then we have some…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
But look at the questions.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
We have some specific items to be looked at in the next to last column.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
The first of which is around pros and cons of including certification of images.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, we're talking about providing images to patients.

Joe Heyman, MD – Whittier IPA
And what is the point of that?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, that was kind of…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I mean, the idea on some of this patient download really fell into – I hear your point, Joe, and I share some of the skepticism, just to sort of follow through I think some of it was just general patient empowerment that, you know, the really engaged patient may in fact want to hold their own records for their own purposes and the second was a little bit of a kind of patient sneakernet objective, that way they can provide continuity of care by taking their records to someplace else, that sort of begs the question of the other sort of interoperability requirements that providers should communicate with each other.

John F. Derr, RPh – Golden Living, LLC
Do you think this would ever, you know, if we're going to discharge, sorry, this is John Derr, chiming in here, but sometimes when they do this information to be transferring a patient it would go to a nursing home and we probably would sometimes want, especially if there was a medical director that was involved in here to get the images. So, I never know when to comment on this, because I agree with you guys it's able to go to a patient who even has the knowledge to look at an image, I used to be in that business and, you know, the report is the most important part, but if you go to a nursing home and somebody does this, sometimes an image, especially in orthopedics, might be something that they would want.

Joe Heyman, MD – Whittier IPA
Well, I agree with that, this is Joe, I agree with that, but it's so simple for them to get the image without it being part of the EMR.

John F. Derr, RPh – Golden Living, LLC
Correct, Joe, yes, I agree.

Joe Heyman, MD – Whittier IPA
I think the report is incredibly important because without the report they don't know whether they need to look at the image, but I certainly…

John F. Derr, RPh – Golden Living, LLC
You're right they can go get the image on their own.

Joe Heyman, MD – Whittier IPA
Exactly. I mean…

John F. Derr, RPh – Golden Living, LLC
Yes, right, yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, maybe on this one Cris and Joe, and John and others we're really focusing on what we provide the patient. So, we absolutely agree that a provider of care in whatever environment of care needs clinical information. I think what we're talking about in this specific objective is providing the patients the ability to view on-line, download and transmit including images.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
You're absolutely right, so I think we're being asked to comment on really kind of two issues, one is readiness of vendors and the second would be, you know, pros and cons of including certification. So, I think we ought to comment that, you know, with deference to the patient engagement and patient empowerment issues that patients have better ways to get to this data and to be clear that this is not about keeping data away from patient's right. I think we're…

John F. Derr, RPh – Golden Living, LLC
We're also not trying to use the patient as an in between to their physician.

Joe Heyman, MD – Whittier IPA
Right, good point.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Allowing them to but not requiring them to, right, John?

John F. Derr, RPh – Golden Living, LLC
Yeah, right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, what would it take for us to – I mean are there technology requirements to send images…is it any harder, I'm sorry I'm doing a very good job of getting this together, but if we suddenly started images across our portal to our patients is there any requirement on our side or their side that we wouldn't normally have? In other words, can I receive an image in my computer at home, let's just pretend like I wanted it, is that going to be a burden to me am I going to have to have extra stuff or is it just sort of the normal just like I get a photograph today.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well, you certainly – John probably may know better, but, you know, PAC systems can have the ability to generate a lower fidelity.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, it wouldn't be…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
To change that type of image.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right a non-diagnosis sort of quality.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Non … quality.

Joe Heyman, MD – Whittier IPA
It has to be encrypted too obviously.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, right. So, when it asks us to look at the readiness of vendors and the pros and cons, so they're asking us are the vendors ready. John Travis, I guess we have to turn to you and say…because, you know, for Cris and I both we would be turning to you to say okay we have these images from our various PAC systems and we send them out on the HIEs today for our doctors, and we might want to use your portal to send them to our patients, if that were what we wanted what would be the pros and cons from a vendor perspective other than cost?

John Travis – Cerner Corporation
Well, I think, you know, I always hear a couple of things one being the size of what is sent depending on the content that's being attached to whatever is being sent to support the diagnostic image itself, if that's really a value add if you're making the patient more or less their own transport agent for sharing those images and then are they to be diagnostic quality or can they simply be, you know, something they would view for their own purpose whatever that might be. If that not diagnostic quality than making them available to the patient to be their own carrier, if you will, instead of carrying a paper envelope with an original x-ray in it around isn't going to add much value to the recipient provider, because they're not going to rely on it if it's not diagnostic quality.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I mean, when it says explore the readiness what I'm hearing, Workgroup, is we can almost take the same certification criteria we have today for imaging transport and send it through from a certification testing perspective through a patient portal that the vendor had and if it worked it would be certified. Is that too simple? I'm not saying whether we agree with it or not I'm saying…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
No, it sounds straightforward the only question I guess I've got is that, you know, per the last conversation if the image is primarily stored in say a PAC system and the connection for purposes of view, transmit, excuse me view on-line, download and transmit is connected to the certified EHR technology and not the PAC system.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
To do this would require getting the image out of the PAC system into the EHR and then teed up for purposes of connection out to the patient.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
The other alternative would be for the PAC system to have a connection to that whole view, download, transmit infrastructure where, you know, if the PAC system is not a meaningful use-certified component, you know, we're putting a lot of burden potentially on practices as opposed to vendors.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, maybe what we'd say then, Cris, is that one of the questions or cons or however you may want to state it is that today PAC vendors are not certified EHRs and that's where the images originate and so unless we put the image in our EHR and then transmit it, in other words it's sort of a 3 step thing, we take it from the PACs to the certified EHR, from the EHR to the patient portal, from the patient portal to the patient, right?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I think that's right and PAC systems are not meaningful use certified, correct? I hate to be asking such an ignorant question, but?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
No they're not, not in my world they're not.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
We don't certify – and McKesson, and blah, blah, blah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
We certify Cerner; I mean we don't certify it…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

John Travis – Cerner Corporation
Right and that's what I was kind of commenting on earlier is the combinations, right? And that's been true from the beginning where this kind of thing can happen, that is that the implementer has to take responsibility for those two things working together, but…

Joe Heyman, MD – Whittier IPA
I've got a third worry about this and that is the liability issue of the fact that in most cases the physician who's EMR we're talking about will not have looked at the image, they'll have looked at the report but they won't have looked at the image and then – so they're passing on an image that they haven't even looked at through their own EMR.

John F. Derr, RPh – Golden Living, LLC
And this is John and that's really important in a mammography.

Joe Heyman, MD – Whittier IPA
Yeah.

John F. Derr, RPh – Golden Living, LLC
There was a trouble with that when we went to digital from analog.

Joe Heyman, MD – Whittier IPA
I don't think that this has really been explored very well. I have to say making this a requirement seems…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well and we're about to talk about some other categories too. Scott, do you have enough to summarize the combination and concerns here or would it be helpful if we tried to tee up a verbal version of it?

Scott Purnell-Saunders – Office of the National Coordinator
I think I got it.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I'll bet you do.

Scott Purnell-Saunders – Office of the National Coordinator
I think.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, how about, you want to go to radiation.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, let's do that. We've got the same issue.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I mean, this is one where again, I'm trying to be sympathetic to, you know, if Leslie Kelly Hall was sitting with us what would she be saying kind of concerns, right? And that patients may very well want to know how much radiation have I been exposed to if I have a lot of sensitivity around that issue and we clearly don't want to prevent a patient from getting access to that or make it difficult for them to do it if they so choose to inquire. I guess the question is simply to certify for the ability to include radiation dosing in the VDT activities. What does that mean?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And what are the issues there?

John F. Derr, RPh – Golden Living, LLC
You know, Cris and Liz, this is John Derr again, I worked with Leslie on that because…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

John F. Derr, RPh – Golden Living, LLC
But, you know, we can…it's like when I was at…was the first time we put out package insert, you know, sometimes you can give people so much information they won't use any of it and I think in some respects that what we're getting to where we give the patient access to so much stuff they don't access anything, maybe it's just some easy way of saying if you want this information here's how you get it rather than giving it to them.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well, there's another thing that we might want to add and that is if the pros and cons, I mean, one of the things that needs to happen if we're going to provide the information and nobody is going to jump on this one, but the liability is an issue and people need to be able to put in context, so is the vendor responsible for providing the context of what the radiation dosing means, in other words, you know, it's sort of like the product insert that goes along with drugs we pick up in the pharmacy, you know, you read all that stuff nobody would ever take anything.

So, whose responsible for explaining that the amount of radiation is appropriate, because…so, I'm going to be very, you know, tack less, you know, I may, if I were just – if I were a healthy person and I were being radiated at this level that would be a serious problem, if I have a tumor and I'm being radiated for that tumor that's the only way to kill the tumor. So, you know, we need a contextual way of looking at it as patients, who is responsible for that?

Joe Heyman, MD – Whittier IPA
I hate to think who it is.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I do too; Joe and I think we both know who it is.

John F. Derr, RPh – Golden Living, LLC
No it's really the InfoButton.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right anyway, I think again, I don't think again that there is no opposition…I think that the capability of asking a vendor to provide the information is doable. I think as clinicians and providers we want to say please take into context that there are concerns around the patient's ability to use the information effectively.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right, so in the whole VDT category we've got the issue from a policy perspective about these particular data type images and radiation being difficult for a patient to…

Joe Heyman, MD – Whittier IPA
Interpret.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Interpret.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Vice President – Tenet Healthcare Corporation
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And that there are issues associated with that. We have the further issue about the disengages a sort of 3-part issue between for instance a PAC system or a radiation system plus the EHR, plus VDT so we're talking about a pretty large step up in terms of complexity in trying to manage that orchestration between systems where in fact a motivated patient who wants to receive image and radiation data could get those from a source system without engaging a lot of infrastructure for what may be an uncommon request of data.

Joe Heyman, MD – Whittier IPA
And thirdly the liability issue of somebody passing on an image that they haven't looked at.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right. So, let's go to the bottom of this section which is on the next page, 8 of 19, the item pulled out for us in its recent final rule and in response to comment dah, dah, dah, dah, dah that section around Level A conformance as a standard for accessibility web content. I don't think I know enough about web content accessibility guidelines to say anything sensible, does anybody else on the call want to comment on that? Joe?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah it's hysterical.

Joe Heyman, MD – Whittier IPA
I'm laughing because I've never heard of it before.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, I know.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah and I'm not sure how the Implementation Group got this one. For web context accessibility guidelines?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I'm guessing that that's, you know, the handicapped accessible people with impaired vision and so on.

Joe Heyman, MD – Whittier IPA
Oh.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

Joe Heyman, MD – Whittier IPA
That's an interesting guess.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I'll Google it while we're moving to the next one, how about that?

Chris Brancato – Deloitte
Liz?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah?

Chris Brancato – Deloitte
This is Chris Brancato; maybe I can help you with that one.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Perfect.

Chris Brancato – Deloitte
Hi guys, W3C, which is kind of the Internet community and keeper of HTML does have accessibility guidelines and I believe there is Version 2 and they are working on Version 3 and it encompasses how

web content should be presented to the user, certainly less so than the human factors guidelines that you might see for usability, but there is a standard, at least one standard that is currently in use.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah and it does say that it is to let you know how to make web content accessible to people with disabilities.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, the comment in here is ONC indicated per commenter's suggestion that Level AA conformance would be considered for the next edition. So, I imagine that ONC staff here may or may not know, does that say the commenter suggested that they wanted to see that?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
It does to me. I think what they're asking is how difficult would it be to have the technology?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
You're talking about the AA?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
The AA. John, do you have any idea?

John Travis – Cerner Corporation
I assume you're asking me? No, this is getting kind of beyond … oh, on the…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, on the Level AA, what the question is, is how difficult would it be for EHR technology to have to meet, whatever, this is a language issue, how difficult would it be for EHR technology to comply with Level AA related to the web content accessibility guidelines?

John Travis – Cerner Corporation
Yeah, we've actually looked at this and we went round and round on it, because the test procedure for 2014 made some varying references to it, basically I think we felt we stacked up pretty good. For the particular requirements that apply to viewing the conformance requirements for accessibility go beyond viewing.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, that…

John Travis – Cerner Corporation
And, I don't mean viewing as in view, download or transmit, I mean viewing as in accessible to a sight impaired person versus other things which may play into it if I remember right some of the requirements apply to hearing impairment and some may apply to…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
There are some mobility ones as well.

John Travis – Cerner Corporation
Yeah, exactly, so, some of those are going to be more challenging than others. Most vendors probably would have an easier time with the things that pertain to visual impairment or possibly to hearing

impairment. I think most of the implication here or the assumption is these apply to visual impairment, so use of large font and contrast.

Joe Heyman, MD – Whittier IPA
Yeah, but what about imaging? I think they're talking about a mammogram, how do you…?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well, yeah.

John Travis – Cerner Corporation
Well the way they applied the standard in the test procedure and we asked the question was that it applied to the pages that are used for view, download or transmit, all three.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

John Travis – Cerner Corporation
So, in that context if it's a viewing page for an image, if the application doesn't control the image view beyond the source that maybe one that we need clarification on because it may be that we're controlling the page and it's calling an external component to present the image view and we don't have any control of what that might be based on however that's engineered, especially if it's from a third-party source.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah.

John Travis – Cerner Corporation
So, I think you need to ask: What is the responsibility of the application for the page that actually presents the image?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I actually think this AA versus A is not specific to imaging if you just look at the way that the…

John Travis – Cerner Corporation
No, it is, it's general.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

John Travis – Cerner Corporation
Yeah, it's general, but the issue does come when you break covenant by presenting the image and are you suggesting that that product takes responsibility for the image view as well, now that means something different, which is you're responsible for the image viewer, you know, portal or PHR vendor.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, just in interest of time I'm going to suggest, you know, we're at the end of our first hour, I don't think we've got anybody here who's knowledgeable enough on Level AA versus A.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I would say if anyone has someone in their organization who wants to comment on this and report it back up through a Workgroup member we should do that. So, John, if there's someone at Cerner who can comment on that that would be fine, but I don't think we have enough to comment sensibly here. We just don't have the right people on the call today.

John Travis – Cerner Corporation
Yeah, probably not. I can inquire, yeah, let me ask and see if I can get an answer and I can play that back.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, because you're right, Cris, the real issue is A versus AA.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
That's it and I'm sure there are people who have great expertise in that.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And I think we would be foolish to overrule them. Should we go to 207?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Let's go.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
This is about secure electronic messaging to communicate with patients and the question here is about an increase in threshold with the measure being 10%, is that an appropriate increase in threshold based upon evidence and experience?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Hey, Joe, what do you think?

Joe Heyman, MD – Whittier IPA
Well, I've had a patient portal since the year 2000 and, well actually 2001, and I am nowhere near 10% of my patients using that portal, nowhere near it, it's more like 1%.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
The other thing we may run into is subspecialties where the patient communication is less, I mean, it's even less, like Joe, you know, probably has more contact with his patients than a super specialist who sees you one time and never talks to you again.

John F. Derr, RPh – Golden Living, LLC
We can't use the EHR to force patients to be involved.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well, we have…your point is a good one, John, you know, we have, you know, the measure is 5% and the question is what should it be increased to. I think Joe's comments are pretty important.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well, so maybe we say that we do further assessment as we role this out under Stage 2, which they won't like that, because then they won't have time to put it in Stage 3.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
But prior to increasing it, you know, I'm assuming we're leaving it as a menu, right? Did it say go to core?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I think it's a core measure, it doesn't say menu. So, I'm assuming its core and we're going from 5% of unique patients or authorized representatives to 10.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
To 10.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I mean, I can take a look at what happens at Mayo, we have, you know, really actively used applications but the messaging component is not one of the most highly utilized components of it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well, I think it says, would it be appropriate, would it be an appropriate increase based on evidence and experience and I don't think we have enough evidence or experience and if we go on current experience, Cris why don't you see what Mayo's got, you know, we're early in this and we certainly don't have 10% of patients communicating using secure messaging.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right, so maybe we should raise this also as an item that we could focus in on for…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
In the hearing.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, excellent.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Okay, should we move on from this one to say, I guess our comment is it sounds like it's an ambitious number, we'll get some more data and we're going to talk about it in the hearing.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Okay, 303. Transition of patient to another setting of care or a provider of care refers their patient to another provider of care is providing the summary care record for each transition of care or referral and again, this is a threshold number based on experience.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right and they want to increase it?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, so we're doing it for more than 50%, the core measure one is more than 50% of transitions.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And then I'm trying to see what they increased it to…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I'm can't figure that out, 65. We did it for 65 and at least 30% electronically, is that right?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
That is extremely ambitious.

John F. Derr, RPh – Golden Living, LLC
Speaking, again from nursing home and home care agencies which is likely to be 100%.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
You would like it to be 100%?

John F. Derr, RPh – Golden Living, LLC
We want this information, we have to have it and the quicker we get it, because as we've talked before it's usually we get the patient at 4:30 on Friday, which makes it into the weekend and most of us are…at least the big companies are putting physicians in on-call for the weekend so we don't miss that first 48 hour threshold which is so important to prevent re-hospitalization and the more we can get, besides being a piece of paper on a clip board on a gurney, the better we will be able to initiate our care plans.

Joe Heyman, MD – Whittier IPA
This is Joe, I can understand that and I kind of agree with that, that you ought to have all that information every time a patient is transferred. On the other hand, when a physician admits a patient for surgery and the patient is going to be in the hospital for five days or for three days, or for even two days they give a much more intensive note about that patient that includes a whole bunch of stuff that's not in the care summary, additional information and to require them to also send the care summary seems ridiculous to me.

John F. Derr, RPh – Golden Living, LLC
Yeah and we don't really need all five days worth of information either.

Joe Heyman, MD – Whittier IPA
But, I'm thinking in terms of isn't that a transition of care when a physician admits somebody to the hospital they send more than a care summary, they send a complete history and physical usually.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Sure.

John F. Derr, RPh – Golden Living, LLC
And that's what we will be doing too when we send somebody to the ER.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, if we're looking at evidence and experience the data would have to talk about readiness of both sender and receiver.

John F. Derr, RPh – Golden Living, LLC
And as we've talked before there is not much in any of this on receiving, most of it is on sending.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, John, I'll pick on you since you spoke up, of your industry's environment what percentage do you think, just roughly, would be prepared to receive this kind of information? When you say you'd like it to be 100%, I understand that…

John F. Derr, RPh – Golden Living, LLC
Well, I was thinking of us receiving, I mean, sometimes the way I feel on these things is, you know, it's either zero or it's all, I mean, so I was about to say if this says 65 and you guys all agree, because it mostly pertains to you, then leave it that way and don't complicate the issue, because who knows what number to use. Based on experience we would like to send you guys when we admit somebody, which we don't like to do unless it's absolutely necessary, as much information as you need and we're working on that so we can put it down as a volunteer criteria that we will send the hospital the following information that we have. And in receiving we're working on what we would like to receive, these are all part of a volunteer work that we're doing for hopefully getting included in Meaningful Use 3.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, let me throw out something, John, and let me ask the group, 65% of our patients don't go to nursing homes and so we have a real challenge – let's say we can make 65% of our summary of the care or 100% of our summary of care available, our problem is we've got to have someplace to send it.

John F. Derr, RPh – Golden Living, LLC
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And we haven't gotten a clear reading on if we can send it to the community HIE, but the doctor doesn't access it, does that cover us? Because we are 100% with you that people need information at the next level of care to do the care. But, when you keep raising it up we've got to make sure that how we count it makes sense.

John F. Derr, RPh – Golden Living, LLC
Yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, I guess the thing I think we may want to talk about is, you know, if a vendor is able to send one it can send all.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
The real question is what you just said, Liz, which is, yeah, I get it, my EHR is certified so I can send a transition of care document, but when I'm being measured it seems like it's largely oriented around, you know, practical issues, the biggest one is, is there anyone there I can send it to.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And so, I guess my question is, you know, if we're going to look at evidence and experience, and again, these kinds of evidence and experience questions are probably really good ones we're hearing, just to understand your question, Liz, if I send it to an HIE – first of all, do I have an HIE that is in my service area entirely and number two, if I send data there does that count regardless of whether it was actually picked up and then other issues just around readiness of organizations to receive data from, you know, other entities. I don't know if I'm being clear, but it feels like this is all about, you know, how many meaningful use adopters are there and how really ready are they to accept from a business stand-point incoming transition of care material. So, do, we agree with 65%?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
That's the question I think, Cris, at the end of the day.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Do we agree with raising it another 15%? I would be in agreement as long as we are not held accountable for who picks it up; I don't know if that's the right technical term.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
If it's available and you don't use or you don't pick it up out of the HIE or whatever then I can't get held accountable because I can't guarantee … 65 is a lot of patients.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, your argument would be we should make the measure be that the data has been provided?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Correct.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Not whether it has actually been consumed?

Joe Heyman, MD – Whittier IPA
Well, let me just ask a question about that, because in Massachusetts we're going to have a direct-based HIE.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Joe Heyman, MD – Whittier IPA
So, it's essentially e-mail, so how do we make that available without…there's no central repository, how do we make it available without having somebody to send it to?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right, totally fair point.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So have we got a conclusion, Cris?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
It sounds like our conclusion is whether we go from 50 to 65% should be based on the completion of the ecosystem.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I mean, either the presence of an HIE or the presence of a direct-based messaging system and sitting here in January of 2013 I don't think we really have enough evidence and experience to be sure that a 50% step up to 65 makes sense.

John F. Derr, RPh – Golden Living, LLC
I think you should put in there what Liz said, because I think we should somehow get in there that receiving part, because if you remember a couple of Standards Committee meetings ago I brought that up and they said that the Policy Committee was working on that because it was a gap. So, I think somehow what you said, Cris and Liz, that we need more evidence on the receiver and it should not be counted against us if we send something and somebody doesn't pick it up.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, we should put that caveat that regardless of where the number goes to I think it ought to be a measurement on that basis that it was sent and not necessarily consumed. Joe's point about direct says, you know, those maybe synonymous. And I would suggest we include this as an item for hearings, Liz.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes, I agree.

Joe Heyman, MD – Whittier IPA
I hope you'll put in the point about direct though, because…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Oh, yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Absolutely.

Joe Heyman, MD – Whittier IPA
Okay, all right, thanks.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, the direct makes the two synonymous and therefore raises the bar. All right, should we go to item 305, which is a new item, which is where the eligible provider and so on to whom a patient is referred acknowledges receipt of external information and provides referral results to the requesting provider? So, this is closing the loop on those items, specifically here on test results to the referring provider.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, one of the questions I have to you is, is the closing of the loop is that only to people that participate in meaningful use, in other words can we force someone who doesn't – who has opted out of meaningful use.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And are we going to use an HIE to do this or is this point to point communication? How do we do that? So, let's say include data set defined by S&I, so they're expecting by this summer we'll have certification criteria, include with standards…

John F. Derr, RPh – Golden Living, LLC
Yeah, that longitudinal coordination of care is the committee that I work with, because that's LTPAC in a way. So, just FYI.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, the criteria here would include procedures, surgery, lab, radiology and test orders. Well, test orders…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I'm trying to figure that out.

Cris Ross, MBA – Chief Information Officer – Mayo Clinic
The grammar is not clear, is that test orders for all four of those, procedures, surgery, lab, radiology?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I don't know. Includes standards for referral … so is this looking for … because it acts like it's only on things that require precertification or authorization and…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, it's a referral result generated from the EHR 50% are returned to the requestor, 10% of those are electronic.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, the question is, is the scope inclusive of procedures, surgery, lab and radiology. And if someone from the ONC team could comment, just a comma test orders is confusing to me, I don't if you all can comment on it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, me too. Chris, do you know?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Chris Brancato?

Chris Brancato – Deloitte
Not off the top of my head, I do not, I'm looking.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, if we assume that this means that for any procedure, surgical event, lab or radiology the proposal here is that for 50%, for every referral for one of those items 50% of the time data would be returned to the requestor, 10% electronically. Is that a fair assumption?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
That's what it looks like. It's interesting that they predicate it on authorization, but…

Chris Brancato – Deloitte
That's the way I read it as well.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And so the test orders is non-consequential I guess?

Chris Brancato – Deloitte
Any one of those three test orders.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Which three, Chris?

Chris Brancato – Deloitte
Any one of those three order types.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Surgery, lab or radiology?

Chris Brancato – Deloitte
Correct.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
But not procedure?

Chris Brancato – Deloitte
No, just the three that are elaborated in the rule as you see them.

Joe Heyman, MD – Whittier IPA
How are these going to be counted?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah?

Chris Brancato – Deloitte
That's a great question, Joe.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I think that's the…

Chris Brancato – Deloitte
So, what I was referencing or trying to get to was the actual test procedure and looking for that to provide more guidance. So, if I can beg some time to review that I'll be happy to get back to you with to see whether the test procedure gives us some guidance, we wrote quite a bit of them and I can't recall them off the top of my head.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, because the question to us, I guess, Chris, is are there any comments on returning the test results to the referring provider and I guess…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
This certainly applies to lab and radiology.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, maybe we could just have the conversation on that basis until Chris gets the reasonable amount of time.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, because I'm not sure what results you'd get from surgery unless it was the surgery op report and then the other question I would have is do we have a clear way of identifying the referring provider so if the referring provider is Joe and wouldn't we be sending test results back to him anyway?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, I mean, the clear results, the clear rules are pretty clear about…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, that's what I think.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
The responsibility to get it back to the signed physician who ordered the labs.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, Joe?

Joe Heyman, MD – Whittier IPA
I'm just worried about how much work an EP is going to have to do to produce this information to prove that they've done this.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
How does that offset – that's a great question, Joe, how would that be offset if you thought about on the one hand they have more work to prove the numerator and denominator, on the other hand they're getting more stuff back electronically, is that net/net a benefit or do you think it's net/net a burden for the EP? Do you know what I'm asking? Am I being clear?

Joe Heyman, MD – Whittier IPA
Well, yeah, you're asking whether the benefit of receiving the information outweighs the benefit of…I mean the shortcoming of having to count something.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Joe Heyman, MD – Whittier IPA
And I would say that since for years most of us get what we need without even electronic I don't see this as a benefit unless there's a way to do the counting without me doing the counting. I don't object to the need for us to send, you know, all the information to whoever referred, that I have no problem with whatsoever. What I have a problem with is the counting.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well, we ought to include a comment that says that the certified electronic health record technology ought to automatically generate a count.

Joe Heyman, MD – Whittier IPA
Right in which case once, again, I point out that that's not what EMRs were created for, but, yes, that's fine. I just don't want to be the person doing the counting.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
They have evolved to become that.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, are we saying that given…that we support the objective and that we don't anticipate an issue?

Joe Heyman, MD – Whittier IPA
Well, I think there's an issue about counting.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

Joe Heyman, MD – Whittier IPA
I don't know how to count it and I don't want to be in a situation where I have to make an extra click that indicates – I mean, when I send it I want somebody to count it. I don't want to have to say I sent it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, I got you.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes, yes, yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, that's what we would say is that the Implementation Group supports the concept and that there was concern expressed about the vendor's mechanisms for assisting us with software count, so the software does the counting, does the calculation is what we really want to say.

Joe Heyman, MD – Whittier IPA
Right, I want there to be, I guess what I think is metadata that does the counting. I don't want to do the counting. I don't want to put in a G-Code. I don't want to click something extra that says I sent it.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Sure, sure, which raises into it seems like when, you know, Chris is still looking for this, but that sounds like it is less of an issue with lab and radiology where the ordering event is pretty discrete and clear.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I'm not sure how you have a procedure or a surgical event where there is a specific measurable numerator and denominator are you really referring for surgery or are you referring to a surgeon for example?

Joe Heyman, MD – Whittier IPA
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And is the procedure…I mean, are you saying like if you did a GI procedure and you referred it, I mean, it's very difficult to tell what…and, you know, I think it just hasn't been defined clearly enough and what they're saying is they're trying to, I think, limit the scope by saying requires an authorization, well what doesn't require an authorization.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right and there's also the issue of just literally how you count. If you refer someone to a GI for a procedure for example and the GI says, "No, we're not going to do a procedure, we're just going, you know, do, you know, carefully watch this." Does that count as a – are you expected to get that result back and maybe that's it, maybe that's okay?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
All right, do we have enough on that?

Joe Heyman, MD – Whittier IPA
Yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
If so, we are now – we have 35 minutes left and we are now moving from the lightening round portion of our event into the essay questions component with the questions that begin on page 12. So, give our speed let's see what we can do with these. MU 02, what's the best balance between ease of clinical documentation and the ease of practice management efficiency?

Joe Heyman, MD – Whittier IPA
What's the best?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well, one thing we can certainly say is that we not create all kinds of expectations for our practitioners to capture structured data. I mean, not to start with. I mean, I would just say that…I mean, that would be my sense, remember last year we had all these conversations about bringing in progress notes and we were very careful that we left a lot of leeway in terms of what we would count. I mean, Joe from your perspective, you know, I think that helps.

Joe Heyman, MD – Whittier IPA
Yeah, I think a better question would be: What is the best balance between difficulty of clinical documentation and ease of practice management efficiency?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Now, Joe, we know we have to be positive, right?

Joe Heyman, MD – Whittier IPA
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well, I'm trying to draw what's the tradeoff here between clinical documentation and practice management efficiency. Are they trying to tease out the issue that yes we may increase, I'm making this up, increase the burden of clinical documentation, but, you know, that's going to pay off because practice management efficiency in the long-term or near-term is going to go up. The question I was raising for Joe about, you know, he's saying, look I don't want to document all this stuff about test results, my question was, well, you know, would it be worth it if you were getting electronic results back and that maybe a false … but I'm trying to figure out what we all think the tradeoff is between clinical documentation and practice management efficiency.

Joe Heyman, MD – Whittier IPA
It's not the clinical documentation that's the problem it's the meaningful use requirements for counting the clinical documentation that's the problem. The clinical documentation is, you know, it's important and we need to do it, but if in order to meet meaningful use criteria you're workflow has to be interrupted 50 times and you have to remember to check off things and to enter G-codes that is not productive for a patient nor for a physician and I guess that's my worry about all of this, is that we're using the EMR to satisfy meaningful use requirements rather than using it to document a patient's visit. And I don't mind using it for the Meaningful Use requirements as long as it's transparent and I don't have to look at the meaningful use requirements, I just have to do the best I can for my patient.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
John or John what do you think about this issue? Do you have any viewpoints or Liz?

John Travis – Cerner Corporation
You know, this question is so broad I almost don't know where to start. I think that my reaction to it is really one of saying you need – we had a very interesting conversation directly with the Office of the Inspector General, it was almost surreal conversation, it was a good one, but they were asking us in kind of following along to their survey that they've done of hospitals, we as a vendor, and I don't think we're the only vendor they talked to, what do you think of the market in terms of, you know, the documentation burden and what we're asking people to do, because that's what I keep resonating on is whatever you say about ease of clinical documentation I think the industry is in need of some particular guidance from CMS and maybe the OIG to say "what is a reasonable expectation you have considering the fraud and abuse concerns that are really surfacing, what's an abusive practice" well I shouldn't put it that way "what is a…" more positively "what is an appropriate use of some of the things that would make for ease of clinical documentation?" So, the very things that play into efficiency of documentation are some of the same things that they're really focused on for their potential to be abused.

So, is there any kind of bright line in there to strike a good balance and I'd say it differently, between ease of clinical documentation and compliance interests relative to assuring the documentation is complete and accurate and, you know, supportive to all the principles that go with the compliance burdens and that does kind of tie into ease of practice management efficiency because it effects the coding and it effects the claims process, and it raises or lowers the possibility of payment audit.

And I don't know if I'm making any sense, but I think that there's a need for better regulatory guidance about the expectations of clinical documentation through the use of EHR tools that by their nature are going to make for efficiency and not just to pronounce them inappropriate without identifying what's inappropriate and that was kind of our feedback to the OIG, because they asked us "what would you say to CMS as to the industry need?" And, I'm kind of like, well like other things I think that there's some need for not just saying what is potentially abusive but what is more positive in terms of appropriate use and I can't get away from that thought on this question.

John F. Derr, RPh – Golden Living, LLC
This is the other John, John Derr, from our point-of-view the MDS and the Oasis is part of our required clinical documentation, it used to be just for payment now it's turning more and more into clinical and when the CARE comes out it will even be more clinical and I agree with what, I think it was Joe said, our problem is tort, there's a lot of times the CNA the Certified Nursing Assistant or the nurse doesn't put information down because they're afraid that if they're just bringing up a situation that the lawyers will get at it in tort laws.

So, I agree that CMS should put out some definition that we can all live under that we won't get sued on and we also are fearful at times that we'll get regulated to do more and more administrative work when we're getting our reimbursement cut on a continuous basis and we just don't want to cut anything to do with direct care so we cut administrative services type of things. So, we need a little bit more guidelines from somebody that we can sort of work under instead of being susceptible to legal issues.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Good comments, I'm wondering if we're getting at the core of what the Policy Committee wants us, I think we should include everything that was just said, I'm wondering if we're getting to the core of what the Policy Committee is asking us. I think they're trying to tease out some tradeoff between documentation burden and practice efficiency. I think they're – I'm not sure does anyone from ONC, can you help illuminate what you think maybe the issue is that the Policy Committee is trying to tease out for us here?

MacKenzie Robertson – Office of the National Coordinator
Sorry, this is MacKenzie, I don't have – I can't really go into any more detail on the RFC items, if we want I can shoot Michelle Nelson, who is the ONC staff lead for the meaningful use, the exact item and perhaps she can reply back via email and just give some more background.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
That would be helpful, I'm just not sure we're getting at what they want.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I think you're right, Cris, I think we've got great points and I think maybe Scott if you will get those to us, you know, no later than midday tomorrow or at the end of the day then we may be able to draw from that what we think the best balance is, because that's what they're really asking, what's the tradeoff, you know, where do we…what do we put first, I mean, is it practice efficiency or it is clinical documentation and they're really not mutually exclusive is the problem that I'm having with it, is that…I don't know, it's a strange question. I mean, ease of documentation and ease of practice management, I mean, I guess I wish they went together in the same sentence, to me it's almost a dichotomy. So, what do you think about looking at kind of what we've got plus some clarification and we go onto Meaningful Use 3?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I think that's right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
All right let's get back to this document. So, the next question here is about to improve safety of the EHR should there be an MU requirement for providers to conduct a health IT safety risk assessment. Are there models or standards that we should look to for guidance?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I'm going to answer the first one and then I'll – I'm going to give you my opinion. I would like them not to get into the safety arena on top of everything else, at least not yet. So, my recommendation, my two cents worth is let's not add a Health IT safety requirement on top of everything else today. Let's talk about maybe for 4, there's my two cents, pretty straightforward. How does everybody else feel?

Joe Heyman, MD – Whittier IPA
This is my $500.00, I just finished my second privacy and security thing, which was subsidized by my IPA and it just cost me $500.00 for what frankly was about 15 minutes of discussion with somebody who knew my practice very well, I'm a solo practitioner, so there wasn't much, and I'm worried that since we're not experts on IT safety that we're going to have to pay somebody to do this for us and I don't think we should have to.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I just, I mean, I don't know, Cris, you've got … this would be one you and I would certainly have to handle.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, I guess the issue is about the safety risk assessment in addition to the other kinds of things we may do for Joint Commission for example.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, I mean, I would say, you know, if it's something we're already doing and they would accept, and I think that maybe what they're saying that we, so it's not new, but I don't know about the EPs if they're doing health IT…

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, that's where I was going to go is, I mean Joint Commission Accreditation for EHs has got to be pretty universal, but for EPs it's not.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I guess the other issue here in addition that I'd want to raise, I want to be careful about this, because of the politics and turf, and all the rest.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
But just amongst us chickens, if there was going to be a safety risk assessment provision it seems likely that that would be something that would then be directed to FDA and I know that there's been a discussion about FDA looking at EHRs as medical devices essentially.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
And, I just think about where we stand as an industry right now and if the vendors are having to deal with ONC for purposes of, you know, meaningful use, and as their kind of primary regulator at this time and then you add on top of that FDA level requirements and reporting. I just think we're going to grind the industry to a complete halt.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, maybe what we say then is, you know, in consolidation of all comments made is that, you know, the concept is one that should be considered for the future, but the industry is premature given the industry and that the assignment of responsibility is unclear, in other words, which federal agent, without like you said stepping in it, which, you know, federal agency should, you know, require and engage in this arena.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And we just go from there and we don't try to answer what assessment would we recommend. We would recommend none.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
If that's okay with everybody.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
If there aren't objections I would also make a point too that at least for EHs the Joint Commission is carrying a significant piece of this and I guess I'd like to make the point that the potential regulatory requirements imposed on both providers and on the vendors, if safety became a measurable event…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I mean, the reporting burden above and beyond what we're already doing for meaningful use, what we're already doing for reimbursement, what we're doing for quality reporting.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
To add safety on top of it just seems like it's impractical.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, Scott, have you got enough? I mean, the answer is we don't think so and I think we've given, we hope we have given you enough reasons that you document for us and then we can put it into concise response.

Scott Purnell-Saunders – Office of the National Coordinator
Got it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Are you okay with that Cris and John, and John?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I'm great with that.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay. Okay the next one is on the yes/no.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, the quandary is twofold, one is that, you know, how do we – do we need anything from the vendors I think is what the question is that, you know, captures yes and no? I mean, we haven't. I'm not sure – and then the other one is a lot of us on our audits have been challenged about showing that a yes/no thing like drug-drug interaction checking is on the entire reporting period and today our…I mean, we have found ways to do that, we capture a daily log, but it's way beyond rationale, because there's no easy way, at least and John – and maybe we just don't know how to do it, but, John Travis.

John Travis – Cerner Corporation
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
But we don't have an easy way to capture and prove that an intervention or a yes/no answer was indeed deployed during the entire reporting period and I think that what's it's asking about on the second question.

John Travis – Cerner Corporation
Yeah, there's kind of two clumps of this, one and probably the easier part being all of the things that are kind of more externally focused, all the public health reporting objectives, all of the things that went towards providing proof that an event occurred of that nature, that I think is fairly straightforward and honestly is being learned through the audit process. So, you know, providing evidence of the submission or the testing activity, you know, if it was the exchange, which I know doesn't apply to beyond 2012.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

John Travis – Cerner Corporation
It still was whatever…you're still going to need that sort of evidence for some of the things where you're looking at exchange. I think that for the other part of it it's guidance about that evidence that provides support for continuous use of capability. I think some of the things that we've struggled with and we've been asked repeatedly to help give guidance to responding to the auditor requests, you know, is it that you provide evidence of the more or less a configuration being active and log into that end that can…you know, how often do I sample it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

John Travis – Cerner Corporation
What do I need to do, is it good enough for me to show that it was on start, on at the end.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Well, that's where we're going and that's why I'm saying if they, so are you saying, John, that if the certification criteria and therefore the testing scripts that would be what they would require and then that would suffice as evidence that indeed the yes was true we would be … that would be sufficient?

John Travis – Cerner Corporation
Well, what I would suggest is – I wasn't quite saying that, but you gave me another thought, which is the evidence that's intended to be tested under certification should be adequate to meet the audit need and why would they ask you for something different.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

John Travis – Cerner Corporation
So, then it turns to what is that evidence and my suggestion is I always kind of think that event log types of evidence are stronger than reference data configuration evidence, so it doesn't prove much to me other than the fact that the capability was on the two days that you sampled, you know, unless you're going to get into, okay now you've got to show to me that it was on every week or every month…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

John Travis – Cerner Corporation
Or whatever and you're going to get into all kinds of debate versus can you show me evidence of event logs that I could sample throughout the period and I'm not necessarily saying one thing or another, but I think that they need to evaluate…to me that's the job of ONC and potentially us certainly as an advisory group in another discussion, what is that evidence, you know, so if it's CDS is there an event log of some kind. Now that gets into trouble when there is really no user interaction, you know, and would it be dependent on an log of an alert firing or an end user action in response to the alert, you can get into all kinds of discussion, but I think you need to test for it and I think I would be more bias towards audit evidence of the activity occurring to substantiate the capability being enabled versus just, oh, it was on start of the period, it was on at the end of the period, ergo it was on throughout the period, because I could game that.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, Cris, what do you think about asking John to write for us or to provide to Scott … because we're asking for the capability that the vendor would have, I think, that the technology would have that would allow us to comfortably provide evidence for the yes/no answers?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, I think that's right and I'm also trying to keep the Joe Heyman rule amongst the many Joe Heyman's rules, which are all good, in my head which is don't make the provider have to do some sort of extra work.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

John Travis – Cerner Corporation
No, I think it should be…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Automated.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

John Travis – Cerner Corporation
You know, there may be a question if there's audit logging capability in the EHR to do what it needs to do, that's a different question, that's gap assessment against what the certification criteria might require and I don't think we need to be restricted to that per see, you know, it would hardly be the first time that vendors face a development gap that they're not providing the logging level that could provide that evidence, you know, so I think I would – but I agree it shouldn't create any additional burden…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

John Travis – Cerner Corporation
Predicated on asking a provider to do something they're not already doing with that very functionality.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, what I was hoping was that what the response would say would be that the technology we do blah, blah, blah therefore not creating any additional work for either the EP or EH.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, I think if there's a way to even take a stronger case, is there a way that we could reduce the amount of work for the EP or EH in a way that's actually feasible for the vendor to do relative to where we stand for MU1 or 2, that would be helpful, right?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Sure.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
No just don't add but actually reduce burden, see I'm trying to throw Joe a bone.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Joe Heyman, MD – Whittier IPA
Thank you for the bone.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
In the yes/no area, Cris, I just want to be honest I don't know how you do that.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I get it.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
If the technology did it for us then maybe that would reduce our burden because we wouldn't have to try and figure out how the heck to get evidence and then store the evidence for 5 years.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Right.

Joe Heyman, MD – Whittier IPA
Every time I have to check off that I thought of a problem but there weren't any I get frustrated.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I would say in terms of the, are there objectives or measures that should be prioritized to assist the providers, there all the same, you have to do them all. I mean, it's not like in my opinion on the yes/no's it's not easier or harder to show that the drug-drug was turned on than it is to show if the formulary checks were taking place, it's all the same. Joe, is it different at the office?

Joe Heyman, MD – Whittier IPA
To be honest with you I don't remember when I did Meaningful Use 1, I don't remember having to count anything having to do with drug-drug.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, help me remember, John, I mean, I don't know the EP Regs like I know the EHs.

Joe Heyman, MD – Whittier IPA
My drug-drug is always on.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So is ours, but we were asked to show evidence during the audit that it was always on.

Joe Heyman, MD – Whittier IPA
Oh, I haven't been…fortunately, I only got $2500.00 bucks so nobody's auditing me.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay, okay, audit Joe.

John Travis – Cerner Corporation
Uh-oh, Joe, no, I'm just kidding.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Uh-oh, shall we try to get – we've only got a few left if we can at least just buzz through the quality a little bit and if we don't get all the way through them I can, you know…?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, the quality one we're sort of secondary on this, are there some ways we can comment on this and then there's three more questions, a couple more than that down below. So, let's see what we can do on quality.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Do we have anything else where we're primary? No?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I think we…there's one item I thought was, nope, we're secondary on all the ones below.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, quality measures.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So, let me tell you what…because I worked on this with another group and this may or may not be what we think. When they asked us about expanding the features of eCQM one of the things that we talked about doing was harmonizing with other agencies, instead of continuing to add more quality measures why cannot we take the ones that we've got and make them better, and why cannot we harmonize where we're being asked to report quality to other places in lieu of expanding.

Joe Heyman, MD – Whittier IPA
Good idea.

John F. Derr, RPh – Golden Living, LLC
John Derr, yes, absolutely. I answered all of these for another group and that was what I said as well.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I mean, that in a nutshell is kind of where…after a fairly lengthy conversation we landed, it's not that we don't want to expand…it's not that we don't want to do a good job with quality, it's that we feel like we're actually doing a worse job because we're diluting so badly.

John F. Derr, RPh – Golden Living, LLC
And they're being piled one upon another by different organizations and associations.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
And they don't ask for the same stuff.

John F. Derr, RPh – Golden Living, LLC
That's right and somebody could be normal in one setting and abnormal in another.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right, so what do you think about that, Cris?

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Perfect.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
I don't think we should reinvent the wheel on that, it sounds like just some thoughtfulness. Are we ready to move, actually to the next one?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I think we are.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Oh, we are now down to, and by the way, Liz, the more you are into this you're voice like back. We're on page 16, OMWG, OMG 23.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
For the existing and/or in proposed expansion institute-instituted…how can the federal agencies better support consistent implementation of measures?

Joe Heyman, MD – Whittier IPA
Liz just answered that.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Stage 3 may increase the number of measures EPs and EHs calculate and import, is there a limit to the number of measures that a provider should be expected to calculate?

John F. Derr, RPh – Golden Living, LLC
When I tried to answer these there were so many that had the same answer, it was very frustrating.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Do we think we can answer this one in the context of our previous comment?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah and then what we said on the evidence supported limit, I think the evidence is that people are, you know, rebelling. I mean, we don't say that, but there's no evidence that says that…what we said is where's the evidence to say that measuring more stuff makes it better? You can say it's the Hopper Effect but unfortunately we dilute it to the point that I'm not sure it is.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Fair point. Why don't we go to item 30 on page 17 of 19, this is a different kind of question which is around technological challenges and shall we be pursuing things outside regulation and the examples here are given around design open source prototypes and so on and so forth. There is some work that's going on and I just found out about it yesterday around some shared decision support kind of, you know, informatics resources that are intended to be sharable in some fashion, I don't know enough about them, but it's clear that ONC is funding some things here. Do we want to encourage that?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
As long as it – I mean, from our perspective, from my perspective, as long as they're not prescriptive and it gives us a chance to get into more innovation and they fund it. I don't know why we'd be opposed to it, but others may know something, I maybe being naïve.

John F. Derr, RPh – Golden Living, LLC
This is John Derr, when I was a vendor a few years ago we took some aggressive things in doing something different outside of the regulations and then the regulations changed so we lost about a million dollars just because we did something then they changed it where what we had done was not germane anymore, this was on the FIMS and the PPS. So, I just say we use caution to do it outside, but with the agency so the agencies don't come back, sort of what Liz said, don't come back and then nullify everything that you've done and we just spent a lot of money just trying to think outside the box.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I think you're right and we don't want to see that kind of…and unfortunately, it probably will happen again, but I just think that if we don't encourage them to spend some of the federal dollars to help us with innovation, I mean, private industry is going to do it to an extent, but we're going to pay for it. If we can get the government to do some testing and pilots, and demonstration projects that we can participate in where they fund it, I mean, we're participating in some quality measurement development pilots right now

for that very reason, we want to be engaged, but it's very nice…I mean, we have to provide the labor, but that's all we have to provide.

John F. Derr, RPh – Golden Living, LLC
And, I think, Liz, what you just said takes care of what I said.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yes.

John F. Derr, RPh – Golden Living, LLC
Because, if they're involved then your odds are that they will not then come out with something than nullifies everything you've done.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, so I think, Cris we are generally supportive of this and we just need to write why.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Well, let's note that. I think that makes sense and hopefully Scott can pick up the spirit of that. So, we're at 5 minutes left and we've got some security and privacy issues where we're secondary.

John F. Derr, RPh – Golden Living, LLC
That's Dixie Baker.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, I think we can count on Dixie and team doing an excellent job here.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Me too.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, should we – if there aren't any other comments should we open for public comment and then have a few moments for next steps?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
We should.

Public Comment

MacKenzie Robertson – Office of the National Coordinator
All right, operator, could you please open the lines for public comment?

Caitlin Collins – Altarum Institute
If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comment at this time.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Great, so I think we should talk for just a few minutes on the process we're going to use to compile these comments just as a reminder, compile these comments for presentation to the Standards Committee next Wednesday. MacKenzie, can you talk about that or Liz do you want to…?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I was going to say, I think what we were hoping is that Chris, you know, we're asking…or pardon me, Scott, and I know we are asking you to move heaven and earth but if you will compile our comments into the grid and then we need to take responsibility to really read them and make any suggestions either, I don't know how soon you can get them to us, Scott, and then Monday's meeting would serve as a review only, because we need to be done and then we need to moving to clinical scenarios, that would be my suggestion, but Scott and MacKenzie, please help.

MacKenzie Robertson – Office of the National Coordinator
That's fine with me, Scott?

Scott Purnell-Saunders – Office of the National Coordinator
Yeah, that's my plan as well is to, I mean, once I can get these better compiled I'll add them to ONC grid and will get them out as soon as I can.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
That sounds great. Any other items we should discuss as next steps.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I think we're good and we have a meeting on Monday if I recall correctly.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yes.

Scott Purnell-Saunders – Office of the National Coordinator
Now what was the process for Friday, because we kept mentioning that as an alternate day to discuss this in some way?

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
I think we had just said if we didn't get through it, which Cris did a great job getting us there, and so if … now that we're through it I think our job is to really read the comments and make sure that we have, because it's hard, Scott, we're asking a lot of you to capture all of our thoughts and that we provide that editorial back to you and that we are finished by Monday so that Cris and I, and MacKenzie, can we assume that we don't need to put a presentation together, that we will simply review the grid or do we need a presentation?

MacKenzie Robertson – Office of the National Coordinator
I'm thinking…I'm scheduling around two hours on the Standards Committee meeting agenda for all the Workgroups to go through their comments.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

MacKenzie Robertson – Office of the National Coordinator
I mean, even with 2 hours I think we're going to have to stay really focused.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

MacKenzie Robertson – Office of the National Coordinator
But, I think just with all the different comments that we're getting with the Workgroups just having the grid up on the screen and we just high level touch on each of the items and have committee discussion being really cognizant not to, you know, start a whole debate on each item and debate the policy, but really just stick to are the standards available in doing the feasibility test with the standards then we can just go through perhaps either line by line or with each Workgroup just going through their parts first, but I don't think you're going to have to do slides.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay.

MacKenzie Robertson – Office of the National Coordinator
I mean, does that format work with you just as a…

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Yeah, I think it's the right thing to do. Cris, I'm thinking that we just, you know, if we just – I'm thinking about the whole group, if we just went through the grid and everybody reported back like has just been said the primary group takes the lead and the secondary only comments if they have something different to say.

MacKenzie Robertson – Office of the National Coordinator
Right.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
So that we don't end up repeating each other when, you know, just it doesn't matter, as long as the comment gets in there our comments will be there but we don't need to repeat each other.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Yeah, we've been through this process before. I would hope we'd go through each item and whoever would speak up as opposed to one Workgroup report then the next, then the next.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
That's going to be really tedious.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Right.

MacKenzie Robertson – Office of the National Coordinator
Okay.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
So, hopefully that's what the John's want to do.

MacKenzie Robertson – Office of the National Coordinator
Yeah and I'll confirm that with them in communication off line.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
Okay.

John F. Derr, RPh – Golden Living, LLC
And Liz, Cris and Mackenzie, this is John; I'll be flying on Monday morning so I won't be on the call.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
Okay, well then we'll see you on Wednesday.

John F. Derr, RPh – Golden Living, LLC
Yes.

Elizabeth Johnson, MS, FHIMMS, CPHIMS, RN-BC – Tenet Healthcare Corporation – Vice President
All right thanks everybody.

Christopher Ross, MBA – Mayo Clinic – Chief Information Officer
All right, thanks, everybody.

MacKenzie Robertson – Office of the National Coordinator
Thanks, everybody.

Scott Purnell-Saunders – Office of the National Coordinator
Thank you.

John F. Derr, RPh – Golden Living, LLC
Bye.